

Attachment 4



Indianapolis Colts

## ORTHOPEDIC HISTORY AND QUESTIONNAIRE

NAME Andre Royal AGE 25 POSITION LB  
 HEIGHT 6'2 WEIGHT 238 LEFT HANDED \_\_\_\_\_ RIGHT HANDED ✓

Have you ever received any injury to, and/or consulted a physician about any injury to:

HEAD:	No	Yes	Dates	Current Problems
Unconscious				
Dazed				
Headaches				
Operations				
Hospitalized		✓	7/24 8/16	Seizures

NECK:	No	Yes	Dates	Current Problems
Stretches/Pinches				
Fractures				
Dislocations				
Operations				
Traction				
Injections				
Burners/Stingers				
MRI/CT Scans				

## UPPER BACK:

Strains				
Nerve Pinches				
Ruptured Discs				
Fractures				
Operations				
Hospitalized				
Pains				
Injections				
Other				

## LOWER BACK:

Strains				
Nerve Pinches				
Ruptured Discs				
Fractures				
Operations				
Hospitalized				
Pains				
Injections				
MRI/CT Scan				
Wore Brace				

## SHOULDERS:

Separations				
Dislocations				
Subluxations				
Tendinitis				
Bursitis				
Injections				
Operations				
Pains				
Arthrogram				

## ARMS:

Fractures				
Calcium Deposits				
Injections				
Operations				

## WRISTS:

Sprains				
Fractures				
Dislocations				
Injections				
Operations				
Pains				
Arthrogram				

## ELBOWS:

Hyperextensions				
Dislocations				
Tendinitis				
Bursitis				
Injections				
Operations				
Other				

## PELVIS/HIPS:

Groin Pulls				
Torn Muscles				
Fractures				
Operations				
Injections				
Pains				
Hip Pointer				
Dislocated Hip				

## HANDS/

## FINGERS:

Sprains				
Fractures				
Dislocations				
Injections				
Operations				
Pains				

THIGHS:	No	Yes	Dates	Current Problems
Quad Pulls				
Ham Pulls				
Torn Muscles				
Calcium Deposits				
Fractures				
Operations				
Injections				
Pain				

LEGS:	No	Yes	Dates	Current Problems
Shin Splints				
Torn Muscles				
Calcium Deposits				
Fractures				
Operations				
Injections				
Pain				
Achilles Tendonitis				

FEET/TOES:	No	Yes	Dates	Current Problems
Fractures				
Sprains				
Dislocations				
Operations				
Injections				
Pain				
Orthotics				
Stress Fracture				
Other				

KNEES:	No	Yes	Dates	Current Problems
Sprained Ligaments				
Torn Ligaments				
Torn Cartilages				
Injured Knee Caps				
Fractures				
Dislocations				
Swelling				
Locking				
Giving Away				
Pain				
Operations		✓	9/2	
Injections				
Arthrograms				
Arthroscopes		✓	9/2/94	
Wear Braces??				
Casted??				
MRI Scan				

ANKLES:	No	Yes	Dates	Current Problems
Sprains				
Dislocations				
Fractures				
Injections				
Operations				
Pain				
Other				

Any Other Problems? Strained Calf Muscle

Any Other Injuries?

Other Comments:

Have you ever had a Diagnostic?

	No	Yes	Body Area	Year
Bone Scan				
Cal Scan	No	Yes		98
MRI Scan	No	Yes		98

I do hereby attest that the answers and information given are true to the best of my knowledge, including the reporting of all injuries to date

Signature of Player: [Signature]

Date: 8/31/98

Witness: \_\_\_\_\_

## MEDICAL EXAMINATION

NAME

Andre' E. Ego

DATE

8-31-98

Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN. YES = NOT EVALUATED	DESCRIBE EVERY ABNORMALITY IN DETAIL. ENTER PERTINENT ITEM NUMBER BEFORE EACH COMMENT. ATTACH ADDITIONAL PLAIN SHEETS IF NECESSARY.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. NOSE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. EARS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. EYES - GENERAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. ORBITS (Periorbital)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. EYES - GENERAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. OPHTHALMOSCOPE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. OCULAR MOTILITY (Associated parietal movements, nystagmus)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. LUNGS AND CHEST (Incl. breath sounds)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. HEART (Throat, apex, rhythm, sounds)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. VASCULAR SYSTEM (Periorbital, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. ABDOMEN AND VISCERA (Incl. bowel sounds)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. ANUS AND RECTUM (Perianal, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. GU SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. FEET	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. LOWER EXTREMITIES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. NEUROLOGIC	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. PSYCHIATRIC (Specify any personality deviation)	

HEIGHT		WEIGHT		MEASUREMENTS AND OTHER FINDINGS		TEMPERATURE		PULSE		BLOOD PRESSURE	
STANDARD FOR HEIGHT		STANDARD FOR WEIGHT		STANDARD FOR PULSE		STANDARD FOR TEMPERATURE		STANDARD FOR BLOOD PRESSURE		STANDARD FOR BLOOD PRESSURE	
HEIGHT	WEIGHT	TEMP.	PULSE	BLOOD PRESSURE	STANDARD FOR HEIGHT	STANDARD FOR WEIGHT	STANDARD FOR PULSE	STANDARD FOR TEMPERATURE	STANDARD FOR BLOOD PRESSURE	STANDARD FOR BLOOD PRESSURE	STANDARD FOR BLOOD PRESSURE
5'10"	170	98.6	64	120/80	5'10"	170	98.6	64	120/80	5'10"	170

PHYSICIAN'S SUMMARY

hx seizures x 2mo  
on Dilantin  
w/ → ephry

4/20  
Dilantin level  
get Record

TO

Dr. Ego MD

Licensing Physician

M.D. DATE

8-31-98

19

**ORTHOPEDIC EXAM**

NAME ANDRE ROYAL AGE \_\_\_\_\_ POSITION \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ LEFT HANDED \_\_\_\_\_ RIGHT HANDED \_\_\_\_\_

HEAD \_\_\_\_\_

NECK HR BURNER MAY 15 - SOME TIME AGO. NLT

UPPER BACK /

LOWER BACK /

SHOULDERS /

ARMS /

ELBOWS /

WRISTS /

HANDS/FINGERS /

PELVIS/HIPS /

THIGHS

KNEES

(R) KNEE 10/92 - ALL RECONSTRUCTION PTL  
 SLOPE WITH DOLL - DISTAL 1/2 & CARTILAGE  
 SLOPE 1 YR LATER 1/94 - SLOPE RESTORATION

Went to Physical - SLOPE ALL RECONSTRUCTION  
 (D) KNEE 1/94 - SLOPE RESTORATION

LEGS

(R) COMP - 1/93  
 STRAIN

ANKLES

Held Cigarettes PHASE 1/93

FEET/TOES

X-RAY FINDINGS

In last X-ray series in 1993, some minor changes noted -  
 Distal femur (1/94) good good / No other abnormalities

PASS

FAIL

WAIVER

COMMENTS

RISK 1 2 3 4 5

DATE 8/31/94

PHYSICIAN'S SIGNATURE

John S. J. J. J.